

Submit 3 Copies To Appropriate District Office  
District I  
1625 N French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-103  
June 19, 2008

MAR 16 2009

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NO. 30-015-20115
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other INJECTION WELL		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator SANDLOTT ENERGY		6. State Oil & Gas Lease No.
3. Address of Operator P.O. BOX 711		7. Lease Name or Unit Agreement Name RESLER YATES
4. Well Location Unit Letter <u>G</u> : <u>2150</u> feet from the <u>NORTH</u> line and <u>1800</u> feet from the <u>EAST</u> line Section <u>32</u> Township <u>18S</u> Range <u>28E</u> NMPM County <u>EDDY</u>		8. Well Number <u>379</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number <u>154329</u>
		10. Pool name or Wildcat ARTESIA QUEEN GRAYBURG

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐  
DOWNHOLE COMMINGLE ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐

OTHER: ☐

OTHER: ☐

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

SURFACE LEAK ON COLLAR BELOW WELL HEAD REPLACED COLLAR TESTED 300 PSI

- PRESSURE TEST NOT ACCEPTED. NO NOTIFICATION TO OED TO WITNESS TEST.  
- NO INFORMATION ON CHART AS TO DATE, OR DURATION.

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

*J. Brewer*

TITLE

*Operator*

DATE

*3-12-09*

Type or print name

E-mail address: *Brewer@12@aol.com* PHONE: *631-4592*

For State Use Only

APPROVED BY:

TITLE

DATE

Conditions of Approval (if any):

